



Print Patient Name (Required)

DOB

Height (cm): _____
Weight (kg): _____
BSA (m²): _____
Allergies: _____



Methylprednisolone (Solu-Medrol) Infusion

Admit to:	Diagnosis:	Infusion Date:
<input type="checkbox"/> Port <input type="checkbox"/> Broviac <input type="checkbox"/> PICC <input type="checkbox"/> Peripheral <input checked="" type="checkbox"/> Normal Saline/Heparin flush per protocol <input checked="" type="checkbox"/> Topical anesthetic per protocol		
Premedication		
<input type="checkbox"/> Acetaminophen = _____ mg PO (max dose 1000mg) <input type="checkbox"/> Diphenhydramine = _____ mg IV or PO (max dose 50mg) <input type="checkbox"/> Other: _____		

Methylprednisolone _____ mg IV in NS over 1 hour

Nursing Orders

Weigh patient prior to infusion.
Monitor Vital Signs at the beginning and the end of the infusion.
Obtain the following labs with IV or central line access prior to the start of infusion: <input type="checkbox"/> CBC <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> UA <input type="checkbox"/> IGG <input type="checkbox"/> IGG/IGA/IGM <input type="checkbox"/> Other: _____ <i>**Fax all lab results to ordering provider**</i>
<input type="checkbox"/> Discharge once infusion completed <input type="checkbox"/> Discharge 30 minutes post infusion

PRN medications:

Diphenhydramine (1mg/kg) = _____ mg PO or IV once prn itching

Ibuprofen (10mg/kg) = _____ mg PO once prn mild pain/temp >100.4 (call for fever prior to administering)

Acetaminophen (15mg/kg) = _____ mg PO once prn mild pain/temp >100.4 (call for fever prior to administering)

Ondansetron (0.15mg/kg) = _____ mg PO or IV prn nausea/vomiting

Orders good until this date: _____ Subsequent Infusion Dates: _____

Provider's Signature: _____ Date: _____ Time: _____

Printed Name: _____

